COLORADO
Department of Public Health & Environment

Attending Provider Who Prescribes Medical Aid-in-Dying Medication Reporting Form

Mail completed documentation to:
Colorado Department of Public Health and Environment
Attn: Kirk Bol, Vital Statistics Program
4300 Cherry Creek Drive South, Denver, CO 80246-1530

OR Email completed documentation via secure email to:
Kirk.bol@state.co.us
Via: https://securemail.state.co.us/securereader/init.jsf?brand=7dad83d6

Items that must be submitted:
1. Completed and signed *Attending Provider Who Prescribes Medical Aid-in-Dying Medication Reporting Form*
2. Copy of patient's written request for aid-in-dying medication
3. Copy of consulting provider's written confirmation of diagnosis, prognosis, and mental capacity determination
4. Copy of mental health provider's written confirmation of mental capacity (if applicable)

(This form may be revised periodically; the current version can be found at: https://cdphe.colorado.gov/center-for-health-and-environmental-data/registries-and-vital-statistics/medical-aid-in-dying)

PLEASE PRINT

A	**PATIENT INFORMATION**	
	PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH
	MEDICAL DIAGNOSIS	
B	**PRESCRIBING PROVIDER INFORMATION**	
	NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER (with area code)
	MAILING ADDRESS	
	CITY, STATE AND ZIP CODE	
C	**ACTION TAKEN TO COMPLY WITH LAW** *Indicate compliance by checking the appropriate boxes.*	
	1. FIRST ORAL REQUEST	
	☐ The patient made an oral request for medical aid-in-dying medication.	DATE
	2. SECOND ORAL REQUEST (Must be made 7 days or more after the first oral request, or at any time after making the first oral request if attending provider determines that patient will die within 48 hours after initial request.)	
	☐ The patient made a second oral request for medical aid-in-dying medication.	DATE
	3. WRITTEN REQUEST	
	☐ The patient made a written request for medical aid-in-dying medication. The written request must comply with Sections 25-48-104 and 25-48-112, C.R.S. *(Please attach a copy of the written request.)*	DATE
	4. PRESCRIBING PROVIDER DETERMINATIONS	
	Determined that the patient: ☐ Is suffering with a terminal illness;* ☐ has a prognosis of six months or less**; ☐ is mentally capable of making and communicating an informed decision *(If you obtained a written confirmation of mental capacity from a licensed mental health provider to assist you in making this determination, please attach a copy of the written confirmation.);* ☐ is voluntarily requesting medical aid-in-dying medication that has not been coerced or unduly influenced by others; ☐ is at least 18 years old and a Colorado state resident;*** ☐ has been notified of the right to rescind a request for aid-in-dying medication at any time and in any manner.	

	5. CONSULTING PROVIDER INFORMATION
	☐ Referred the patient to a second provider for medical confirmation *(Please attach a copy of the consulting provider's written confirmation of diagnosis, prognosis, and mental capacity determination.)*
	CONSULTING PROVIDER NAME (LAST, FIRST, M.I.) / TELEPHONE NUMBER (with area code)
	MAILING ADDRESS
	CITY, STATE AND ZIP CODE
D	**MEDICATION PRESCRIBED AND FINAL ATTESTATION**
	1. MEDICAL AID-IN-DYING MEDICATION PRESCRIBED MEDICATION: DOSE: DATE
	2. MEDICAL AID-IN-DYING MEDICATION DISPENSED
	☐ Dispensed medical aid-in-dying medication directly to patient. DATE
	☐ Delivered a written prescription to a licensed pharmacist. DATE Notified pharmacist that that medication was prescribed for the purpose of medical aid-in-dying pursuant to statute. PHARMACY NAME: CITY: TELEPHONE NUMBER (with area code):
	3. FINAL ATTESTATION
	☐ To the best of my knowledge, all of the requirements of the Colorado End-of-Life Options Act have been met.
	PROVIDER'S SIGNATURE: DATE

* Pursuant to Section 25-48-102(16), C.R.S., "Terminal illness" means an incurable and irreversible disease that has been medically confirmed and will, with reasonable medical judgment, result in death within six months.

** Pursuant to Section 25-48-102(12), C.R.S., "Prognosis of six months for less" means a terminal illness will, within reasonable medical judgment, result in death within six months.

*** Pursuant to Section 25-48-102(14), C.R.S., residency can only be documented with: 1) Possession of a Colorado driver's license or identification card; 2) a Colorado voter registration card or other documentation showing the individual is registered to vote in Colorado; 3) evidence that the individual owns or leases property in Colorado; or 4) a Colorado income tax return for the most recent tax year. The prescribing provider is required to affirm Colorado residency.